PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

A VAIIU CAID COL	ILLOT FIGURE	HDOI.		_			
DECLARATION FOR UTILITY OR			Attorney D cket Nur	nber	SF06000US01		
			First Named Invento	r	Blay et al.		
PATENT APPLICATION		COMPLETE IF KNOWN					
(37 CFR 1.63)			Application Number	tb	a /		
·			Filing Date	Janu	ary 27, 2004		
Declaration Submitted with Initial Filing	OR Submitted after Initial	Group Art Unit					
		Examiner Name					

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHODS FOR CANCER PROGNOSIS AND DIAGNOSIS									
the specification of which is attached hereto OR	(Thie	of the Invention)							
was filed on (MM/D	D/YYYY)	as Unite	d States Applicat	ion Number or PC	[International				
Application Number	and wa	as amended on (MM/DD/Y	777)		(if applicable).				
	viewed and understand the		tified specification	n, including the clai	ms, as				
	nt specifically referred to abo								
acknowledge the duty to d	isclose information which is	material to patentability as	defined in 37 CF	H 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached?				
			0000	0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
60/443,825	01/30/2003			onal provisional a	• •				
				ers are listed on a emental priority d					
	[PTO/SB/02B attached hereto.							
	_			_					
[Page 1 of 2]									

Express Mail Label No. Date

PTC/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

United States of United States of information whi	of Americ or PCT in ich is ma	it under 35 U.S.C a, listed below ar ternational applica terial to patentabl international filing	nd, Insi Iton In Ity as	ofar as the ma defined	the subj nner pro i in 37 C	ect matte vided by t FR 1.56 v	r Of 66 he first	ich of the	claims of the	IS applice	ition is acknow	not disclosed Viados the duty	in the prior to disclose
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)					
								•					
		CT international a											
As a named inv	entor, I h	ereby appoint the nnected therewith	followi	ng regis	stered pr	actitioner			this application	n and to	transa	ct all business in the Pater	
and Hademan	Oiles w	HARCES HISTORIA	· 🖂	Custon OR	ner Num	ber	24	265			•	Number Bar	Code
				Registe			name	/registrati	on number lis	ted belov	<u>, L</u>	Label her	
	Nam	e			Regist Num				Nam	10			rtration mber
							_						
Additional	registered	d practitioner(s) na	med c	on supp	lemental	Registere	d Prac	titioner Ir	formation sh	eet PTO/	SB/020	attached here	ito.
Direct all corr	espond			ner Nu Code L		2	4265		OR	□ c	певр	ondence add	ress below
Name	M	Iichael G. Biro, Reg. No. 46,556											
Address				.=									
Address													
City						_,		tate		ZIP		-	
Country				Te	elephor	ne (90	8) 29	8-5098		Fax	(90	8) 298-538	8
believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									o made are			
Name of So	ole or F	irst inventor	:					A petitic	n has been	filed fo	r this u	insigned inve	ntor
Given Name (first and middle [if any])					Family Name or Sumame								
Jean-Yves Guy Christophe Blay													
Inventor's Signature												Date	
Residence: (City	Frontonas			State			Country	France			Citizenship	France
Post Office A	Post Office Address Griez												
Post Office A	ddress												
City	Fronto	nas	State			231	3	3290		Cou	ntry	France	
Additional	invento	rs are being na	med c	on the	1 50	nnlemen	tal Ac	Iditional	Inventor(s)	sheet(s)	PTO	/SB/02A attac	ched heret

Please type a	plus sign	(+) inside	this box	\rightarrow	+	ı
---------------	-----------	------------	----------	---------------	---	---

Please type a plus sign (+) inside this box — + PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1__ of L__

Name of Additional Joint Inventor, if an	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Sumame						
Isabelle Andrée Lucette Treilleux										
Inventor's Signature						Date				
Residence: City Lyon				France		Citizenship France				
Mailing Address 30 rue Chazière, Tulipier 1										
Mailing Address										
City Lyon	State		ZIP 6	9004	Country	y France				
Name of Additional Joint Inventor, if an	y:		A petiti	on has been filed	l for this	s unsigned inventor				
Given Name (first and middle [if any])				Family Nan	ne or Si	umame				
Jean-Jacques			Pin							
Inventor's Signature Date										
Residence: City St. Bonnet de Mure State				y France		Citizenship France				
Malling Address 94 RN6						Alexander Control				
Mailing Address						-				
City St. Bonnet de Mure State			zip 69720 Cou			intry France				
Name of Additional Joint Inventor, if an	y:		A petitio	n has been filed	for this	unsigned inventor				
Given Name (first and middle [if any]) Family Name or Surname						or Surname				
Serge Joseph Emma Lebecque										
Inventor's Signature Date						Date				
Residence: City Civrieux d'Azergues		Country France Citizenship Belgium								
Mailing Address 514 Chemin du Marand										
Mailing Address										
City Civrieux d'Azergues		ZIP 69380 Cou			untry France					

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.